Effective December 8, 2004								Application or Docket Number 10/539302			
CLAIMS AS FILED - PART I							SMALL ENTITY OTHER THAN				
U.S	S. NATIONAL	STAGE FEES	(Col	umn 1)	(Column 2)			] OF	R SMALL	ENTITY	
BASIC FEE			CMAIL 5	AIT A 480		RATE	FEE		RATE	FEE	
				NT. = \$ 150 T Article 33(1)-	LARGE ENT. = \$ 300	BASIC FEE		OF	BASIC FEE	300	
EXAMINATION FEE			(4) = \$50/\$100 All other situations (ie. No		\$ 100 / \$ 200	EXAM. FEE			EXAM. FEE	200	
SEARCH FEE			Seam	h RpL) 2008 \$ 100	U.S. ts ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	8EARCH F	EE		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =	X'\$ 125	=	7	X \$ 250 =	1700	
TOTAL CHARGEABLE CLAIMS			20 minus 20 =		*	X \$ 25	=	OR	X \$ 50 =	<del>                                     </del>	
INDEPENDENT CLAIMS			5 minus 3 = ,		. 2	X \$ 100	=	OR	X \$ 200 =	1100	
		DENT CLAIM PR				+ \$ 180		OR	. + \$ 360 =	400	
* H	the difference	in column 1 is	less than ze	ro, enter "0	" in column 2	TOTAL		OR	TOTAL	1113	
		CL AIMO AO	4 8 8 5 7 4 4 7 7 7 7				L	7 0,,	IOTAL	1/60	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)					OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	06-16-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO - PAID F	ER PRESENT	RATE	ADDI- TIONAL FEE	]	RATE	ADDI- TIONAL	
	Total	.70	Minus	"20	7 -	X \$ 25 =		OR	X \$ 50 =	FEE	
	Independent	· 5	Minus	*** 5	=	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =	<del> </del>	OR	+ \$ 360 =		
						TOTAL ADDI		OR	TOTAL ADDIT.		
		(0-1				FFF	<u></u>	1 •	FFF [		
		(Column 1) CLAIMS		(Colum HIGHE	n 2) (Column 3)		<del></del>			·	
XI		REMAINING AFTER AMENDMENT		PREVIOL PAID F	ISLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	=	·X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***	е .	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =		OR	+ \$ 360 =		
						TOTAL ADDIT			OTAL ADDIT		
					•		•		FFF L		
*44	if the "Highest Nu	mn 1 is less than the mber Previously Pai mber Previously Pai nber Previously Paid	For IN THIS S	SPACE Is less (	haratest to be a	he approndate b	ny la column 4				

FORM PTO-875 (Rev. 02/2005)

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